

“A Little Insurance Is Better Than No Insurance”

Analysis of the Primary Care Network (PCN) Enrollees’ Written Comments On the PCN Re-enrollment Assessment Surveys

**Utah Department of Health
Executive Director’s Office
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Summary:

In November 2003, a PCN Program enrollee wrote on his returned PCN re-enrollment survey questionnaire, “A little insurance is better than no insurance.” Complimentary comments on the PCN Program were not rare remarks that appeared on the returned survey forms. Not surprisingly, some of the PCN enrollees, who have chronic conditions, expressed their needs for receiving coverage of specialty and hospital inpatient care. This report, first, presents a case study – a woman’s unsolicited letter to the surveyor; then analyzes 1,275 received de-identified comments from the 2,233 PCN respondents. Overall, the letter and comments reflect the PCN enrollees’ voices. They appreciate this new public insurance program and also ask for expansion of the program’s coverage and enrollment.

I. The PCN Program Evaluation Survey

Twelve months after the PCN program was established for one year, the Utah Department of Health Office of Health Care Statistics (UOHCS) conducted a PCN annual re-enrollment health assessment survey among 3,000 randomly selected enrollees during the period of July 1, 2003 – December 31, 2003. The health assessment was a self-administrated mail survey with 41 structured and 2 open-ended questions (See Attachment A). Approximately 2,233 assessments were returned for a response rate of 76%. This high response rate for a mail survey indicates the PCN enrollees’ positive attitudes towards the Program.

Furthermore, the PCN enrollee respondents wrote an unexpected amount of comments or feedback on the margins of the questionnaire forms. Approximately one out of every two respondents wrote comments on the returned surveys. The UOHCS received a total of 1,275 comments from all of the 2,233 respondents when soliciting suggestions for the Program. Only one respondent sent a hand-written letter with the answered questionnaire back to the UOHCS. Contents of this letter were not counted in the above number of the comments.

The UOHCS shared the de-identified comments with the PCN Program on a monthly basis. The PCN Program used the feedback to timely adjust their management and improve their services for PCN enrollees.

II. A Case Study: A Woman's Letter to the Surveyor

This woman lives in a rural area of Utah. She has chronic conditions and had no insurance coverage for a long time. She started her letter with following paragraph:

"I applied for disability in 2000, Jan. I did not have funds for X-rays, etc. to show the physical problems that I have. If it wasn't for this program I still would not have the paperwork I need for my case. I wish that there was more coverage, but I so much appreciate what I have."

She expressed her appreciation to the Utah Medicaid workers:

"You also have a women named XXXXX at 800-###-#### that seems to know the very most about your coverage info, and is so polite and helpful to me. She should be [com] mended for her knowledge about the program. It's nice not to get the [sic] around for phone #s and people of whom to speak to. She does her job very well."

Then she asked help to understand the PCN coverage on the following services:

"I myself could always use more coverage for things like laxatives and scalpicin which are very much a need for me. My itchy scalp is really disruptive with anything I do. We are so financially destitute, that the lack of these things, I must go without."

[The PCN Program's Response: The PCN Program covers four prescriptions per month and does not cover over-the-counter (OTC) medications, such as laxatives, scalpicin, etc.. This is common practice with private insurance.]

"I may be looking at hand surgery and don't know if you can help me there, but that is the least of my physical problems."

Having been encouraged by this new public insurance coverage, this woman wanted to help others to find a PCN-type program. She wrote,

"But enough about me."

My mother is getting SSI and QMB but her prescriptions she has to pay for. Would she qualify for some type of program with PCN that would help with her meds?

[The Medicaid Program's Response: She should be eligible for Medicaid if she is on SSI and QMB.]

... Also my niece is borderline in terms of qualifying for PCN. Her husband's income varies and seasonally it goes up and down. She has a hard time having \$ for doctors and needed meds. She has to go without, sometimes, which is

very hard on her. Is there a special considerations program for people who make too much money [for qualifying for Medicaid], yet not enough for medical needs?"

Then, she mentioned that she has received the PCN-coordinated hospital-donated specialty care,

"I've had MRI + CT's done and a program, 'special financial considerations,' through the hospital here pays for the procedure, but not the radiology reading, why does PCN not cover that part of the bill for me? Also why not chiropractic?"

[The PCN Program's Response: On the radiology reading coverage issue, the State does cover the physician fees associated with donated inpatient hospital care, but the MRI and CT scans are outpatient procedures and coordinated through our specialty care case managers. The understanding with the willing providers is that these coordinated services are pro bono work. The client should not have had to pay anything. Chiropractic services are considered to be specialty care and are not covered under the PCN Program.]

As a closure of her letter, she said,

"But again, I am very thankful for the help you have provided for me. It's much appreciated!"

*Sincerely,
Name
Address
Cedar City, Utah*

P.S. Thanks for the pen. It writes great!" [End of the letter]

[The Surveyor's Note: We provide a pen with the survey package. Other researches showed that to include a pen with a self-administrated survey would increase the response rate.]

III. Type and Distribution of the Written Comments:

Though two open-ended questions were included in the re-enrollment health assessment survey (See Box 1, Q43 and Q5), this report analyzes the obtained feedback from Q43 only. Q43, the last question on the survey, solicited the enrollees' comments or suggestions for the PCN Program. Feedback received from Q5, asking respondents the reasons for not being able to receive needed services, is currently under analysis with a report forthcoming.

Box 1. Open-ended Questions in the PCN Survey

Included in this report:

43. Do you have a comment or suggestion for the PCN Program? If yes, please write it below:

Not included in this report – analysis forthcoming

5. If you check any of the above, were you able to GET the health care you needed in the last 6 months? If No, what was the reason? Check all that apply:

<u>Type of Care</u>	<u>Yes</u>	<u>No</u>	<u>If No, Why?</u>
Medical care	<input type="radio"/>	<input type="radio"/>	_____
Dental care	<input type="radio"/>	<input type="radio"/>	_____
Mental health care	<input type="radio"/>	<input type="radio"/>	_____
Alcohol/drug treatment	<input type="radio"/>	<input type="radio"/>	_____
Prescription medication	<input type="radio"/>	<input type="radio"/>	_____
Other	<input type="radio"/>	<input type="radio"/>	_____

All written comments were entered into an electronic database. Two authors of this report independently reviewed the comments and coded each comment into one of the six categories in Table 1. Due to limited analytical resources, no inter-rater reliability test was conducted and no coding verification was performed.

Table 1. Type and Distribution of the Written Comments (Q43)

Type of Comment	N	%
Need coverage for uncovered services	799	63%
Compliment to PCN	274	21%
Access Barriers	109	9%
Customer Service	46	4%
Eligibility, not used services, misc.	38	3%
Difficult to pay co-pay and enrollment fee	9	1%
Total	1275	100%

- **Complimentary Comments (21%)**

Open-ended questions were not purposefully included on the survey to solicit compliments from the respondents. However, 21% of the written comments were acknowledgements to the PCN Program. A few examples are provided below:

- *“I don't know what I would able to do without it. It has helped me go to the doctor, so I could get help. So I can continue to work and not be sick.”*

- *"Thank you for offering this program. I would not have "any" health care if it weren't for PCN."*
- *"I wish it had better benefits, but I am thankful for what it does pay! Thank you!"*
- *"I am 60 yrs old. Without this insurance I would not be able to control my diabetes, and any other health problem. My husband is retired and only has VA insurance."*
- *"First, I want to let you know how grateful I am that I'm on the program, I've found out many of my problems thro x-rays, etc. That otherwise I couldn't afford."*
- *"I hope you keep it up. It really helps out people like us. Thank you so very much."*
- *"The PCN program is great for basic needs."*
- *"A little insurance is better than no insurance."*

- **Reporting Needs for Uncovered Services (63%)**

The PCN Program is aware of its limited coverage not meeting certain enrollees' needs. Not surprisingly, 63% of the written comments expressed various needs for uncovered care, including

- *Need more than primary care: "Wonderful for primary care but limits you to just that."*
- *Need inpatient care: "It would be nice if it covered hospitalization."*
- *Need specialty care: "If you could cover some surgeries or a percentage of if not having the surgery would prevent working or functioning correctly like knee surgery etc..."*
- *Need more than four prescriptions per month: "4 prescriptions a month is not always enough. Illness hit plus regular needs. It got extremely expensive."*
- *Expand dental care: "At least some coverage for dental crowns and bridges. I already pulled 2 molars because of lack of money."*
- *Need chiropractic: "Chiropractic visit should be covered. I go there more than the doctor's office. Thanks for the PCN!!"*

- **Reporting Barriers to Access to Primary Care Providers (9%)**

The PCN Program has been sensitive to access concerns among its enrollee population. In December 2002, the Utah PCN Program asked the Center for Health Data to conduct a survey to understand whether PCN enrollees had difficulty in finding a primary care provider who accepts the PCN coverage. Nearly 9% of PCN enrollees provided comments regarding access issues with the Program. A sample is listed below.

- *Need a list of providers overall: "PCN should have a listing of doctors that will accept PCN. I have had to go door to door and use the yellow pages. PCN should be informed on how hard it is to find a dr. that*

accepts PCN and new patients.” [Note: A provider list is now available online at <http://health.utah.gov/pcn>]

- Need more dentists: *“There are very few dentists who accept PCN in my area.”*
- Need more providers in rural areas: *“More providers in small towns for adults.”*

- **Other Comments**

- Suggestions to improve customer services (4%)
- Questions about eligibility requirements, no specific comments due to have not used the PCN services, or un-analyzable comments (3%)
- Difficulty to pay co-payment or PCN enrollment fee (1%). Respondents were asked to provide quantitative data regarding PCN co-payment earlier in the survey; therefore survey-takers may have been less inclined to provide additional qualitative feedback.

IV. Summary and Limitations of the Study

In November 2003, a PCN Program enrollee wrote on his returned PCN re-enrollment survey questionnaire, “A little insurance is better than no insurance.” Complimentary comments on the PCN Program were not rare remarks that appeared on the returned survey forms. Not surprisingly, some of the PCN enrollees, who have chronic conditions, expressed their needs for receiving coverage of specialty and hospital inpatient care. This report, first, presents a case study – a woman’s unsolicited letter to the surveyor; then analyzes 1,275 received de-identified comments from the 2,233 PCN respondents. Overall, the letter and comments reflect the PCN enrollees’ voices. They appreciate this new public insurance program and also ask for expansion of the program’s coverage and enrollment.

Limitations of the above analysis include:

- Only comments from one of the two open-ended questions are analyzed here.
- The categorization of the comments is mutually exclusive. Many comments could be categorized into more than one category.
- No inter-rater reliability test and verification was performed.
- The type of comments may associate with the PCN enrollees’ demographics, health status, and health care needs. No analysis has been done in this aspect.

Utah Department of Health’s Executive Director’s Office designed the Center for Health Data’s Office of Health Care Statistics to be the PCN Program’s Outcome Evaluator when planning the waiver in 2002. The UOHCS’ researchers have closely worked with the PCN Program and partners to conduct evaluation studies since July 1, 2002. Major findings from the quantitative analyses were presented to the PCN and UDOH management and published to the public at <http://health.utah.gov/hda/report/pcn.html>. This report is the first qualitative analysis based on the PCN enrollees’ own written comments. The UDOHC will use the available data to further evaluate the PCN Program’s impact.

Attachment A. Survey Questionnaire

PCN Reassessment Survey

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